DOCUMENT RESUME

ED 310 103 SP 031 416

TITLE Michigan Essential Goals and Objectives for Health Education.
INSTITUTION Michigan State Board of Education, Lansing.
PUB DATE 88
NOTE 36p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Consumer Education; *Curriculum Development; Disease Control; Drug Education; Elementary Secondary Education; Environmental Education; *Health Education; Mental Health; Nutrition Instruction; *Program Development; *Public Schools; Safety
IDENTIFIERS *Michigan

ABSTRACT

This document offers guidelines for developing a health education program for grades K-12. The Michign Department of Education has determined 10 topics in health that comprise a comprehensive health education program: (1) disease prevention and control; (2) personal health practices; (3) nutrition education; (4) growth and development; (5) family health; (6) emotional and mental health; (7) substance use and abuse; (8) consumer habits; (9) safety and first aid education; and (10) community and environmental health. The essential goals and objectives for each of these topics are listed for primary, intermediate, junior high school, and high school grade levels. (JD)

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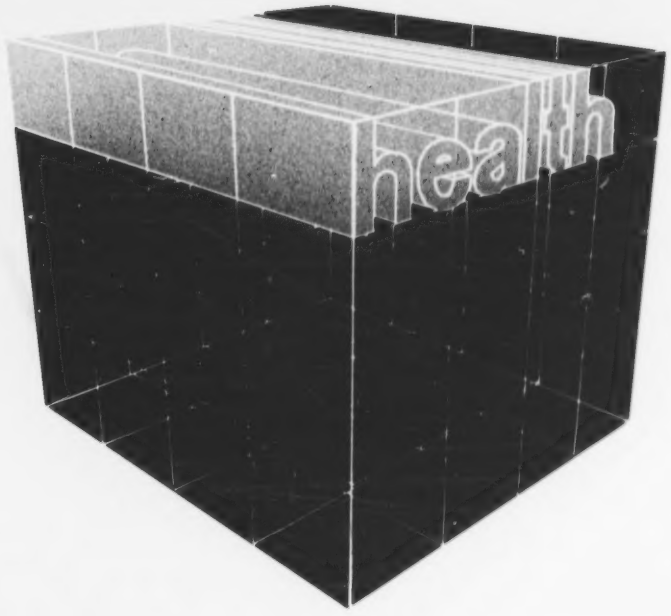
MICHIGAN ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION



MICHIGAN STATE BOARD OF EDUCATION

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FOREWORD

The essential performance objectives for health education included in this document are a refinement and extension through grade 12 of the Essential Performance Objectives for Health Education in Michigan that were approved by the State Board of Education in September, 1982. Since 1974, performance objectives in health education have been used throughout the State of Michigan. Health education statewide sample testing was administered by the Michigan Educational Assessment Program in 1974, 1979 and 1984.

In 1987, a committee composed of representatives from Michigan School Health Association, Michigan Model for Comprehensive School Health Education Steering Committee and Coordinators, the voluntary health agencies, the Michigan Parent-Teacher Association, and Michigan universities reviewed the Essential Performance Objectives of 1982. Necessary revisions were made and additional objectives for grades 10 through 12 were developed. A second review of these revised and expanded objectives was completed in September 1988. The Michigan Department of Education is grateful for the assistance provided by these individuals.

It is the commitment of the State Board of Education that health education be an essential part of a balanced curriculum. The goals and objectives in this document are intended to serve as a guide to local school districts as they review and revise their health education programs.

TABLE OF CONTENTS

INTRODUCTION.....1

A PHILOSOPHY AND RATIONALE FOR COMPREHENSIVE HEALTH EDUCATION IN MICHIGAN SCHOOLS.....3

CONSTRUCTING A K-12 HEALTH EDUCATION PROGRAM.....5

SUGGESTED INSTRUCTIONAL FOCUS FOR A K-12 HEALTH EDUCATION PROGRAM.....6

SUGGESTIONS FOR DISTRICTS TO CONSIDER AS THEY MAKE HEALTH EDUCATION INSTRUCTIONAL DECISIONS.....8

THE ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION IN MICHIGAN (K-12).....10

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

- Disease Prevention and Control.....11
- Personal Health Practices.....13
- Nutrition Education.....14
- Growth and Development.....16
- Family Health.....18
- Emotional and Mental Health.....19
- Substance Use and Abuse.....22
- Consumer Health.....25
- Safety and First Aid.....27
- Community and Environmental Health.....29

INTRODUCTION

Health Education is considered an essential component of a balanced school curriculum by the State Board of Education. In order for children to develop healthful habits and to be able to make wise decisions for health, they must accrue the knowledge, values, and attitudes which will serve them well throughout an entire life cycle. Indeed, improvement in the nation's health of tomorrow may well rest with the establishment of healthful patterns in the school-age child of today.

For the individual, this translates into attainment of one's own optimal potential for personal growth, happiness, and well-being.

The Common Goals in Michigan identify health education directly through *Goal 5*, "Acquire knowledge of the principles, methods, and general content of the social sciences"; *Goal 8*, "Acquire the knowledge, skills, and attitudes which are necessary for the attainment and maintenance of physical and mental well-being"; *Goal 13*, "Acquire the knowledge necessary for the appreciation, maintenance, protection and improvement of the environment"; and *Goal 14*, "Acquire knowledge and appreciation of the behaviors and attitudes necessary for responsible family membership."

Legislation exists within the state framework. Under the Michigan School Code, Section 1502 (MCL SS 380.1502) requires health and physical education courses to be established and provided for pupils in all public schools; Section 1503 (MCL SS 380.1503) states that the board of a school district having a pupil membership of more than 1,000 shall engage qualified instructors and provide the necessary places and equipment for instruction and training in health and physical education; Section 1169 (MCL SS 380.1169) requires that the principal modes by which dangerous communicable disease are spread and best methods for restriction and prevention of these diseases are taught in every public school. This act (Section 1169 of Act No. 451) was amended in November, 1987, to specify that Acquired Immunodeficiency Syndrome methods of transmission, prevention and control be taught in every public school in Michigan, and that the curricula used to teach the above be approved by the appropriate local board of education prior to its use in a classroom. Section 1170 (MCL SS 380.1170) provides for instruction in physiology and hygiene, with special reference to substance abuse. A critical health problems program was created in the State Department of Education by P.A. 226 of 1969 (MCL SS 388.381-388.385). In addition, P.A. 226 of 1977 permitted instruction in reproductive health in Michigan schools under guidelines established by Michigan Department of Education.

These examples indicate that the importance of health education in a total educational process has been recognized by our legislators.

The Michigan Department of Education identifies ten essential curriculum components that should be provided for all students in grades kindergarten through twelve. Health education is one of these ten essential curriculum components.

The essential performance objectives in this document should serve as a guide in the development of a sequential health education curriculum. The document should not be interpreted as a course of study in itself. It is assumed that local school districts will identify learning activities and resources to fit their own requirements.

This document may be used by each school district as a basis for building a sound, comprehensive K-12 health education curriculum.

Individuals involved in the development of this document were health education professionals with experience in working in and with school districts throughout Michigan. They referred to professional literature and curriculum guides from other states, and used consultative services of education and health professionals.

A PHILOSOPHY AND RATIONALE FOR COMPREHENSIVE HEALTH EDUCATION IN MICHIGAN SCHOOLS

Health is the quality of an individual's state of being with regard to her/his ability to function within the environment and to cope with physiological and environmental change.

The health of our school-age youth today will determine to a great extent the quality of life each will have throughout life. Their capacity to function as health educated adults will allow each to realize the fullest potential for self, for family and for the community in which each individual lives.

Two major changes in health are evident: the American health care system continues to become increasingly complex, and modern technology and increased knowledge enables us to prevent many diseases. Therefore, today's youth and tomorrow's adult must assume increasing responsibility for solutions to both personal and public health problems and consequently must be educated to do so. Our children (youth) spend at least 12 years of their lives in an educational setting in which their total health during these impressionable years should be of priority concern. Because the school curriculum offers an opportunity to view health in an integrated context, the educational setting can provide an environment conducive to developing skills and competencies which will help determine the individuals decisions that affect their health behavior.

The **School Health Program** is a composite of learning activities and experiences within the school setting that are directed toward developing an environment that protects and promotes the health of the students and the school personnel. A comprehensive school health program includes **health education, health services** and a **healthful environment**.

The ultimate goal of the comprehensive school health program is to help young people to achieve their fullest potential by accepting responsibility for personal health decisions and practices, by becoming discriminating consumers of health information, health services, and health products and by working with others to maintain an ecological balance helpful to man and the environment.

School Health Education has as its goal the provision of a planned sequential K-12 arrangement of learning activities that are designed to favorably influence health attitudes, practices and cognitive skills. School health education is a process that instructs, motivates, and assists students and school personnel to adopt and maintain healthy practices and lifestyles and advocates environmental changes as need to facilitate this goal.

A school health education program is a K-12, planned, multi-disciplinary sequence of educational interventions. Successful programs include: (1) a needs assessment, (2) professional staff, (3) financial support, and (4) program components reflective of professional educational practice (program goals, behavioral objectives, instructional strategies and evaluation methodology).

In Michigan, schools have the legal responsibility for health instruction. Schools share with the state and local health departments, the legal responsibility for protecting and promoting children's health and for providing a healthful environment in which children live, learn, and play. The Michigan Department of Education has assumed leadership in establishing comprehensive health education as one of the ten essential curriculum components. The Essential Performance Objectives for Health Education in Michigan are increasingly used by school districts across the state in developing their local K-12 health education program. At present, truly comprehensive K-12 health education programs are only beginning to be evident in Michigan schools. This evidence is remarkable progress after a void of many years.

A healthy physical environment for school children and youth is assured through the Michigan School Laws and the Michigan Public Health Laws that are in place. In addition, the Michigan Department of Education assumes a leadership role in enhancing the emotional and social environment of students and staff by its support and encouragement of programs in affective and humanistic education. The Michigan Department of Education continues to support all efforts to ensure a healthful environment in Michigan schools.

A comprehensive school health program is affected by the priority it receives from the school board, the health department and the community. Therefore, the State Board of Education and the Michigan Department of Education supports the position that schools work cooperatively with local health departments, professional persons, human service agencies and parents to plan and develop comprehensive health programs to meet the needs of our school-age children and youth.

CONSTRUCTING A K-12 HEALTH EDUCATION PROGRAM

The health education curriculum offered in a school district should reflect a comprehensive and consistent approach to curriculum and instructional program development and improvement.

In developing a K-12 comprehensive health education curriculum whose goal is, minimally, the attainment of the Essential Goals and Objectives contained in this document, special attention needs to be paid to the scope and sequence of the program.

The Michigan Department of Education has determined ten topic areas in health that comprise the scope of a truly comprehensive health education program. These topic areas are:

Disease Prevention and Control
Personal Health Practices
Nutrition Education
Growth and Development
Family Health
Emotional and Mental Health
Substance Use and Abuse
Consumer Health
Safety and First Aid Education
Community and Environmental Health

The sequence of instructional activities, K-12, relating to these ten topic areas needs to be given serious and careful attention to assure that the developmental level of the students and the immediate relevance of the instruction to the learner are matched.

It is recommended that health education be taught at each grade level K-8; that each of the ten health topic areas be addressed at each grade level but with selection of greater or less emphasis determined by developmental level of the student at that grade level.

At the high school level, health education courses need, minimally, to be of a semester in length, and to be structured and offered to meet the developmental needs of the young adolescent at the ninth or tenth grade, and later at eleventh and twelfth to prepare the older adolescent for emergence into independent living.

SUGGESTED INSTRUCTIONAL FOCUS FOR A K-12 HEALTH EDUCATION PROGRAM

The sequence of instructional activity focus suggested below is consistent with accepted criteria established for comprehensive school health education programs. While school districts may decide to alter the level of emphasis of a health topic at any given grade to meet local community needs, an effective health education program should reflect instruction in content recommended in this document.

Grades K-3

Introduction and initial development of knowledge attitudes and skills in the ten topic areas of health education with emphasis on:

- -identifying and expressing appropriate feelings and moods;
- -awareness of responsibility for personal health practices which include personal safety , food choices and disease prevention procedures;
- -awareness and appreciation for body structure and function.

Grades 4-6

At these grade levels student learning of the content covered in the ten topic areas of health education should focus on comprehension of knowledge, attitudes and skills. Emphasis should include:

- -learning and using problem-solving skills and coping strategies;
- -awareness and skill building in avoiding substance abuse situations;
- -identifying community and consumer health problems and solutions;
- -understanding family relationships and the impending growth and development changes of puberty.

Grades 7-9

Application of knowledge, attitudes and skills needed to successfully meet the challenges and changes inherent in this early adolescent period are the focus of health content for the junior high school student. Emphasis includes:

- -demonstration of problem-solving and coping skills;
- -application of peer refusal and self-protection skills to the areas of substance abuse, accident and disease prevention;
- -practice of decision-making skills to assist in the attainment of optimal nutritional and physical health status and to assist in the successful achievement of the developmental tasks of adolescence;
- -appreciation for family and community support networks and for individual uniqueness.

Grades 10-12

The purpose of the high school health education program is to build on the knowledge, attitudes and skills introduced and developed through the K-9 school health education curriculum.

Two one semester courses are necessary to complete the K-12 Essential Performance Objectives in Health Education.

It is recommended that the first health education course be taught at the ninth or tenth grade level, and the second taught at the eleventh or twelfth grade. It is important that the fundamental concepts in health education be taught before the end of tenth grade to assure that those students choosing to leave high school before graduation have at least essential life skills in health.

The ninth/tenth grade course builds on the content of the seventh and eighth grade curricula by using the developing maturity and independence of this period of middle adolescence to reinforce and expand concepts taught in middle/junior high school. The focus remains on the health needs, concerns and risks associated with adolescence.

The goal for a health education course at the ninth/tenth grade level would be for the student to have an understanding of, a commitment to, and the skills necessary to promote and protect personal health status and to prevent or reduce the risk of disease or injury.

Content for this health course should include:

-nutrition education with emphasis on food choices that maximize growth potential;
-safety, first-aid and self-care skills;
-substance use and abuse prevention with reinforcement of peer refusal skills;
-emotional/mental health with emphasis on peer and family relationship and positive decision making;
-growth and development with emphasis on human sexuality concerns; and
-disease prevention and control with emphasis on AIDS/STD prevention.

The goal of a health education course at the eleventh/twelfth grade is to prepare the high school graduate to be an informed health/medical care consumer in a complex society. Our society is demanding an ever increasing knowledge base and degree of responsibility on the part of the individual in terms of choosing wisely, not only the personal health practices and life-style that will maximize health status, but from a sophisticated and expensive array of health/medical care services where there are very real health and financial consequences associated with poor choices.

Course content must focus on:

-evaluating personal health practices;
-choosing and using health/medical care services and products effectively;
-analyzing current health problems and issues; and
-developing knowledge and skills in the ares of prenatal health and parenting.

The terminal outcome of this final course would be the achievement of the goal of a K-12 comprehensive school health education program: Students who are able to achieve their fullest potential as individuals, family members and citizens by accepting responsibility for personal health decisions, by working with others to maintain an ecological balance helpful to society and the environment, by being discriminating consumers of health information, products and services.

SUGGESTIONS FOR DISTRICTS TO CONSIDER AS THEY MAKE HEALTH EDUCATION INSTRUCTIONAL DECISIONS

1. A systematic approach should be used in implementing a comprehensive school health education program. The following steps should be followed to assure program success.

   A. Organizing for health education program development and/or revision.

      It is recommended that a district-wide Health Education Committee be established. This advisory committee's membership should minimally include: teachers, administrators, secondary school students, parents, and public and private community health agency representatives.

   B. Assessing the local health needs, community and school concerns and resources available to support a comprehensive health education program.

      The district health education advisory committee can provide leadership to a districts' health education needs assessment effort. Some questions that should be addressed are: what kind of health education is presently being taught within the district; what are the local health needs and concerns that must be met through a comprehensive health education program; what are the resources (people and financial) within the school district and community that will support a K-12 health education program; what does testing show that students know and do not know about health.

   C. Establishing local philosophy, goals and objectives for a comprehensive health education program.

      The development of a health education program philosophy provides the rationale for including health in the school curriculum. A philosophy can be framed in two ways, in the form of beliefs about what the local community's students need to know, feel and be able to do about their health, or what the subject (comprehensive health education) can contribute toward fulfilling the general purposes of education within the local school district.

      The performance objectives contained in this document provide the local district with both goals and objectives for students and can serve as a set of guidelines as districts adopt, adapt or develop a K-12 comprehensive health education curriculum for their use.

   D. Identifying sequence desired.

      The health education curriculum offered in a school district should reflect a logical and consistent approach throughout a student's school years.

      A district may decide through use of its local needs assessment results, to give greater or lesser emphasis to a health topic area; to introduce concepts earlier or later than indicated by the Essential Performance Objectives; or choose to offer a larger selection of

health education courses on the secondary level. However, Michigan Department of Education recommendations are that health education are taught each year from grades K-8, and that minimally, two courses be required at the high school level to accomplish attainment of the K-12 Essential Performance Objectives for Health Education.

E. Selecting/developing curricula.

The decision to select from available comprehensive school health education curricula and to adopt and adapt an existing program to local needs, or to develop curricula locally is important to the success of a school health education program. A careful assessment of school and community curriculum development resources is needed to determine the most cost and time effective method of achieving an educationally sound program to be delivered to students.

F. Selecting curricular materials.

Appropriate decisions regarding the selection of instructional materials are most likely to occur if a permanent selection committee is established and if consistent selection and evaluation policies and procedures are followed.

The recommendation is for a sub-committee of the district health education advisory committee with representation from both school and community be created to fulfill this role in materials selection.

G. Implementing program and staff development.

It is essential for successful health education curricula implementation that a carefully planned program of staff development activities take place prior to classroom instruction. Of critical importance is adequate time allowed for these staff development activities.

H. Evaluating program and assessing student achievement.

An evaluation process is required as an integral part of health education program success. This process needs to assess both program and student outcomes. The Michigan Education Assessment Program provides schools with reliable test instruments to assess student achievement. The district-wide health education advisory committee can monitor program success through a number of activities. An important element is obtaining feed-back from teachers and parents on program acceptance.

2. Attention should be given to health education-related activities (i.e. school lunch program, physical education, school health services, etc.) to be certain that students are able to transfer health education knowledge and skills obtained in the classroom to other school settings.

THE ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION IN MICHIGAN (K-12)

An important step in developing a comprehensive health education curriculum is addressing the vital question of what is to be taught in each of the ten topic areas. This section of the document is intended to serve as a guide to districts as they develop or adopt an instructional program to their local needs.

Instructional emphasis is recommended for each of the grade level groupings (K/3, 4/6, 7/9 and 10/12) by coding each objective as follows:

I = Introduce
D = Develop*
R = Reinforce*

*Represents the levels appropriate for formal testing.

The Introductory level is the initial formal contact of a student with the objectives. Readiness types of learning experiences are provided which will serve as the foundation for later more structured content focused instruction.

The Developmental level is the stage of learning where structured formal instruction is more intense. Students are involved in learning experiences which will enable them to acquire specific types of knowledge, understanding and skills proficiency. The focus of instruction is on helping students to understand and comprehend concepts appropriate for their developmental level.

The Reinforcement level is the stage of learning where instruction is provided which will enable students to expand upon concepts they have become acquainted with at an earlier level. Opportunities are made available for students to apply what they have learned and to understand more clearly the complex aspects of concepts previously learned.

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

DISEASE PREVENTION AND CONTROL

Students will understand the characteristics of disease.

	K/3	4/6	7/9	10/12
1. Students will identify difference between being "well" and being "ill", and will recognize a continuum of health.	ID	DR	R	R
2. Students will recognize the signs and symptoms of common childhood diseases and conditions.	ID	DR	-	-
3. Students will differentiate between signs and symptoms requiring adult attention and those that can be treated with self-care.	ID	D	D	R
4. Students will distinguish between communicable, chronic, and degenerative disease processes.	I	D	D	R
5. Students will explain chronic, degenerative and communicable disease processes.	-	I	D	R
6. Students will examine the social, economic, and political effects of disease on individuals, families, communities.	-	I	D	DR
7. Students will evaluate the use of health care resources in the areas of prevention, treatment and rehabilitation.	-	-	I	DR

Students will understand the causes of disease.

1. Students will describe the interrelationship of heredity, environment, and lifestyle in disease causation.	I	D	D	R
2. Students will identify factors that influence disease susceptibility.	I	D	D	DR

Students will understand disease prevention and control.

1. Students will identify ways a person can prevent or lower the risk of disease.	I	D	D	DR
2. Students will describe the benefits of early detection and treatment of disease.	I	D	D	DR

3. Students will examine ways to maintain a functional level of health in the presence of disease or disability.	I	D	D	R
4. Students will evaluate their own personal health practices and identify those practices they can use to prevent the premature occurrence of disease and disability.	I	D	D	DR

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

PERSONAL HEALTH PRACTICES

Students will understand the role of personal health practices in promoting health.

		K/3	4/6	7/9	10/12
1.	Students will describe how a person's dental health relates to optimal health status.	ID	D	R	R
2.	Students will describe tooth anatomy and identify areas prone to disease.	I	D	R	-
3.	Students will demonstrate personal dental health practices to prevent dental disease.	ID	D	DR	-
4.	Students will identify the five senses and describe ways to protect and care for them.	ID	DR	R	R
5.	Students will examine the influence of rest, food choices, exercise, sleep, and recreation on a person's well-being.	I	D	R	R
6.	Students will identify activities which help promote personal cleanliness and improve appearance.	ID	D	R	R
7.	Students will demonstrate an appreciation for the importance of physical activity in their lives.	I	D	D	R
8.	Students will examine the influence of health practices on health status.	I	D	DR	R
9.	Students will describe the relationship between knowledge, attitudes, and the practice of positive health behaviors.	I	D	DR	R
10.	Students will evaluate the role of personal responsibility in the development of positive health habits.	I	D	D	R
11.	Students will evaluate their personal health practices and design an action plan for personal health goals.	-	I	D	DR

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

NUTRITION EDUCATION

Students will understand food classifications.

	K/3	4/6	7/9	10/12
1. Students will sort foods and food combinations into the food groups.	ID	D	-	-
2. Students will sort foods into the major nutrient groups and identify major functions of key nutrients.	I	ID	R	R
3. Students will examine the importance of a variety of food choices and the positive and negative effects those choices have on health and growth.	I	ID	R	-
4. Students will explain the importance of a nutritious breakfast.	I	D	R	R
5. Students will examine the need to eat nutritious meals and snacks at regular intervals to satisfy individual energy and growth needs.	I	D	D	R

Students will understand the reasons for food selection.

1. Students will recognize influences on food choices (e.g., activity level, culture, religion, advertising, time, age, health, money/economics, convenience, environment, status, personal experience).	I	D	DR	R
2. Students will identify nutrients contained in foods and evaluate nutrient density of foods.	I	D	D	R
3. Students will evaluate food intake according to nutrient classification.	I	D	D	R
4. Students will recognize that nutrient and energy needs vary in relation to gender, activity level and stage of life cycle.	-	-	I	DR

Students will understand the relationship of nutrition to health.

1. Students will examine the U.S. Dietary Guidelines and recognize that eating properly may reduce health risks.	-	I	D	R

2.	Students will assess eating habits and their effect on health status (e.g., anemia, dental health, osteoporosis, heart disease, cancer, malnutrition) and propose steps in solving food and nutrition-related problems.	-	I	D	R
3.	Students will examine eating disorders that affect health adversely (e.g., anorexia,overeating, bulemia).	-	I	D	DR
4.	Students will evaluate sources of food and nutrition information for reliability and validity (e.g., dietary supplements, diet aids, fad diets, food labels).	-	-	I	DR
5.	Students will examine the role of food additives and their relationship to health.	-	-	I	DR
6.	Students will identify the principles of food safety involved with food storage and preparation (e.g., proper refrigeration, handwashing, cooking, and holding temperatures).	-	I	D	R

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

GROWTH AND DEVELOPMENT

Students will understand body structure and function.

	K/3	4/6	7/9	10/12
1. Students will identify major body parts and major organs.	ID	D	DR	R
2. Students will identify the function of major body parts and major organs.	ID	D	DR	R
3. Students will identify body systems and their functions.	I	ID	DR	R
4. Students will identify the relationship between cells, tissues, organs, and systems.	-	ID	DR	R
5. Students will describe how body systems work together.	I	D	DR	R

Students will understand the life cycle.

1. Students will distinguish between living and non-living things.	ID	-	-	-
2. Students will recognize that all living things come from living things, and that they grow, change, and die.	ID	D	R	R
3. Students will identify the different ways living beings reproduce themselves.	I	ID	DR	R

Students will understand personal growth.

1. Students will identify major factors which influence physical, emotional and social growth throughout the life cycle.	I	D	DR	R
2. Students will recognize that human growth involves new responsibilities which can be growth-enhancing as well as stressful.	-	ID	D	R
3. Students will describe how each person is unique, and the influence heredity plays on growth and development.	I	D	D	R
4. Students will list physical, emotional and social similarities and differences between males and females.	I	ID	D	R

5.	Students will identify physical, emotional and social changes occurring during puberty.	-	ID	D	R
6.	Students will identify adolescent health problems related to the changes of puberty.	-	ID	D	R
7.	Students will examine myths and fallacies regarding physical development and reproduction.	-	I	D	DR
8.	Students will examine the role of sexuality in human growth and development.	I	D	D	R
9.	Students will describe the processes of conception, prenatal development and birth.	-	-	ID	DR
10.	Students will analyze the impact of teenage pregnancy on young people.	-	-	I	DR
11.	Students will identify sound health practices in the prenatal period that are important to the health of the fetus and young child.	-	-	I	DR
12.	Students will identify health behaviors, which during pregnancy, put the health of the fetus at risk.	-	-	I	D
13.	Students will examine the concept of adolescent risk taking and apply basic problem-solving and peer refusal skills to sexual and other risk-taking situations.	-	I	D	DR
14.	Students will explain self protection skills for use in sexual situations.	I	D	D	DR

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

FAMILY HEALTH

Students will understand family types, roles, and responsibilities.

		K/3	4/6	7/9	10/12
1.	Students will recognize various types of family formation.	I	D	DR	-
2.	Students will define family roles, commitments, responsibilities, and abilities.	ID	D	DR	R
3.	Students will discuss how families meet physical, psychological, and social needs of members.	I	D	D	R
4.	Students will identify love and caring as human health needs.	I	D	DR	R
5.	Students will explain how one's personal behavior can affect the behavior and feelings of other family members.	I	I	D	R
6.	Students will evaluate the effects of sex role expectations and stereotypes on family and peer relationships.	-	ID	D	R
7.	Students will describe changes that may occur in families due to birth, death, divorce, relocation and/or unemployment.	I	ID	D	R
8.	Students will describe how health-related problems impact the total family.	I	ID	D	R
9.	Students will examine the differences between love, infatuation, commitment and mature love.	-	I	ID	DR
10.	Students will describe the development of adolescent independence.	-	I	D	DR
11.	Students will examine care-giver behaviors that promote optimal growth and development in children.	-	I	ID	DR
12.	Students will examine the effects on children of being born to teenage parents.	-	-	-	ID
13.	Students will explore the responsibilities inherent in marriage and parenthood.	-	-	-	ID

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

EMOTIONAL AND MENTAL HEALTH

Students will understand the variety of feelings and moods.

	K/3	4/6	7/9	10/12
1. Students will identify a variety of feelings in themselves and others.	ID	D	R	-
2. Students will recognize that feelings affect thoughts and behavior.	I	ID	DR	R
3. Students will recognize that mood changes and strong feelings are normal, and, in most cases, can be managed successfully.	ID	D	DR	R
4. Students will examine situations that can produce stressors and the possibility that stress can have positive as well as negative effects.	-	ID	D	R

Students will understand factors which influence the development of mental health.

1. Students will list basic human needs and positive ways to meet these needs.	-	ID	D	R
2. Students will examine the relationships between physical health and mental health.	I	D	D	R
3. Students will examine characteristics and conditions associated with positive self-esteem.	-	-	ID	R
4. Students will recognize the personal, interpersonal and environmental elements of a mentally healthy lifestyle.	I	D	D	DR

Students will understand and be able to use a variety of coping skills.

1. Students will identify positive and negative coping behaviors elicited by a variety of emotions.	I	D	D	R
2. Students will evaluate methods for handling stressful situations, including those with the potential for violence.	I	D	D	DR

3.	Students will describe ways to cope with feelings about separation/loss/death.	I	D	D	R
4.	Students will use a specified problem solving model to demonstrate ways to solve personal dilemmas.	I	D	D	R
5.	Students will apply a process of negotiation for use in conflict resolution.	I	D	DR	R
6.	Students will use a variety of positive coping mechanisms to deal with upset feelings and difficult situations.	I	D	D	DR
7.	Students will identify negative coping strategies which can result in unhealthy or unhappy outcomes.	I	D	D	DR

Students will understand aspects of social health.

1.	Students will examine the role of friendships and other personal relationships in maintaining mental health.	I	D	D	R
2.	Students will identify behaviors which help people develop and maintain friendships.	I	D	D	R
3.	Students will identify ways to communicate effectively with peers, parents, and other adults.	I	D	D	R
4.	Students will describe ways of showing caring and concern for other persons, including those with disabilities or handicapping conditions.	I	D	D	R
5.	Students will recognize how they respond to the behavior of others.	I	D	R	R
6.	Students will recognize how their behavior may evoke responses in others.	I	D	R	R
7.	Students will describe levels of peer pressure and at least three peer refusal techniques.	-	ID	D	R
8.	Students will describe four levels of control of behavior in themselves and others (i.e. rules, environment, norms, and self).	I	D	D	DR
9.	Students will recognize potential signs of self- and other-directed violence.	-	-	ID	DR

10. Students will identify techniques for seeking help/support through appropriate resources for themselves and others.	I	D	D	DR
11. Students will examine their own support network and ways to strengthen it.	I	D	D	DR

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

SUBSTANCE USE AND ABUSE

Students will understand aspects of substance use and abuse.

	K/3	4/6	7/9	10/12
1. Students will identify medicines as well as nicotine, caffeine and alcohol as drugs.	I	DR	-	-
2. Students will recognize that a significant percentage of adolescents and adults in the United States do not use alcohol, tobacco or other drugs.	I	D	D	R
3. Students will describe the relationship of dose and tolerance to substance abuse.	I	D	R	R
4. Students will recognize the major factors that influence how a drug's effects will differ between people and within the same person over time (i.e. fatigue, age, emotional state, etc.)	I	D	D	R
5. Students will describe conditions that may put people at higher risk for substance abuse problems (i.e. pregnancy, genetic inheritability, substance abuse in family, low frustration tolerance, etc.).	-	ID	D	R
6. Students will identify short-term and long-term physical consequences of the use of tobacco (including smokeless tobacco), alcohol and other drugs (i.e. shortness of breath, increased respiratory infections, decreased sexual function, cirrhosis, lung cancer, emphysema, etc.)	I	D	D	R
7. Students will identify the effects of over-the-counter (OTC) drugs, "look-alike" drugs and anabolic steroids.	-	I	D	R
8. Students will recognize a range of effects that may occur when two or more drugs are used simultaneously (i.e. synergistic, additive and antagonistic).	-	I	D	DR
9. Students will recognize that certain substance abuse behaviors may transmit communicable diseases.	-	I	D	R

10. Students will describe the short-term and long-term psychological consequences of the use of alcohol, tobacco and other drugs (e.g. psychosis, low self-esteem, paranoia, depression, apathy, decreased motivation, etc.)	I	D	D	R
11. Students will describe the short-term and long-term social consequences of the use of alcohol, tobacco and other drugs (e.g. loss of friends, lost productivity, crime, domestic violence, loss of employment, auto accidents, etc.)	I	D	DR	R
12. Students will evaluate reasons people use alcohol, tobacco and other drugs.	I	D	D	R
13. Students will describe major influences on levels of use of alcohol, tobacco and other drugs (i.e. peer pressure, peer and adult modeling, advertising, overall availability, cost).	I	D	D	R
14. Students will evaluate the appeals found in advertising for alcohol and tobacco.	-	ID	D	R
15. Students will describe how people's use of alcohol and other drugs can have adverse consequences on the community.	-	I	D	DR
16. Students will identify factors involved in the development of a drug dependency.	-	I	D	R
17. Students will recognize early, observable signs and symptoms of alcohol, tobacco and other drug dependency (i.e. tolerance, drug-seeking behavior, loss of control, etc.)				
18 Students will describe the concept of denial as it relates to alcohol, tobacco and other drug dependencies.	-	I	D	R
19. Students will identify the characteristics of the chemically dependent family.	I	D	D	R
20. Students will recognize high risk substance abuse situations that pose an immediate threat to themselves, their friends or family (e.g. drunk and drugged driving, violent arguments, etc.).	I	D	D	R
21. Students will apply self-protection skills to high risk substance abuse situations.	I	D	D	R

Students will understand aspects of alternatives to substance use and abuse.

1. Students will identify healthy alternatives to using alcohol, tobacco and other drugs.	I	D	D	R

Students will understand aspects of substance abuse treatment and control.

1. Students will identify alcohol, tobacco, and other drug dependencies as treatable diseases/conditions.	I	D	D	R
2. Students will identify community resources available to assist persons with alcohol, tobacco, and other drug problems.	I	D	D	R
3. Students will identify public policy approaches to substance abuse control and prevention (e.g. pricing and taxation, warning labels, regulation of advertising, restriction of alcohol consumption at sporting events).	-	I	D	R

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

CONSUMER HEALTH

Students will understand consumer health agencies, their services and how to access these services.

	K/3	4/6	7/9	10/12
1. Students will identify consumer agencies providing health services to individuals and families. (i.e. physicians, HMO's, public health clinics, mental health, substance abuse treatment centers, etc.)	I	D	D	R
2. Students will identify community health consumer organizations and the advocacy services they provide. (i.e. American Heart Association, American Lung Association, Diabetes Association, etc.)	I	D	D	R
3. Students will identify local, state, federal and private agencies which protect and/or inform the consumer (i.e. FDA, EPA, OLSHA, local prosecutor's office, etc.)	-	I	D	R
4. Students will examine legislative regulations regarding health products and services (MIOSHA regulations, Right to Know laws, DSS regulations, licensing laws, etc.)	-	-	ID	DR
5. Students will examine ways to influence the consumer service system. (i.e. assertive consumerism, selecting providers, communicating complaints)	-	I	D	DR

Students will understand the factors involved in becoming efficient and informed consumers of health care services and products.

1. Students will identify sources of reliable information regarding health services and products.	I	D	D	R
2. Students will identify the effects of advertising and peer pressure on health product choices.	I	D	D	R
3. Students will demonstrate critical thinking skills in analyzing the advertising and labeling of health products.	-	ID	D	R
4. Students will recognize fraudulent health products and services.	-	ID	D	R

5.	Students will apply decision-making skills in choosing health products and services.	-	I	D	DR
6.	Students will critically examine health information and evaluate its accuracy and applicability.	-	-	ID	DR

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

SAFETY AND FIRST AID

Students will understand safety practices and accident prevention.

		K/3	4/6	7/9	10/12
1.	Students will identify community resources that can help prevent and control accidents and injuries.	ID	D	D	R
2.	Students will identify major human factors that cause accidents.	I	D	D	R
3.	Students will identify and apply safety rules and practices for use in home, school and community settings.	I	D	R	-
4.	Students will identify and apply knowledge of fire safety practices.	ID	D	R	-
5.	Students will identify and apply knowledge of traffic safety practices.	ID	D	R	-
6.	Students will identify and apply knowledge of water safety practices.	ID	D	R	-
7.	Students will describe abuse as a health problem (i.e. physical, emotional and/or sexual abuse) and identify appropriate resources for help.	ID	D	DR	R
8.	Students will identify sexual abuse prevention concepts, including appropriate and inappropriate touch.	ID	D	DR	-
9.	Students will demonstrate assertive self-protection skills.	ID	D	D	R
10.	Students will identify precautions necessary in special conditions (e.g., bad weather, Halloween, darkness, and staying home alone).	ID	D	-	-
11.	Students will describe recreation safety practices.	ID	D	D	R
12.	Students will describe violence as a health problem and identify appropriate counter measures.	ID	D	D	R

Students will understand emergency readiness.

1.	Students will define "emergency" as "an immediate life threatening situation needing special help".	ID	D	-	-
2.	Students will identify appropriate persons and procedures for dealing with emergency situations.	ID	D	R	R
3.	Students will identify first aid procedures appropriate to common emergencies in home, school, and community.	I	D	D	R
4.	Students will apply basic first aid techniques for common emergencies.	I	D	D	R
5.	Students will apply CPR skills in appropriate situations.	-	-	ID	DR

ESSENTIAL GOALS AND OBJECTIVES FOR HEALTH EDUCATION K-12

COMMUNITY AND ENVIRONMENTAL HEALTH

Students will understand the relationship between environment and health.

		K/3	4/6	7/9	10/12
1.	Students will examine elements of a healthy community.	I	D	DR	DR
2.	Students will identify health problems common to their own, as well as other communities, states, and countries.	I	D	DR	DR
3.	Students will identify cultural, racial, and socioeconomic factors within the social environment of a community that influence the health of its members.	-	I	D	DR
4.	Students will identify sources and causes of pollution (air, ground, noise, water, food) in their own as well as other communities.	ID	D	R	-
5.	Students will relate coummunity health problems to environmental pollution.	I	D	D	R
6.	Students will describe the routes of exposure to pollutants in the human body (e .g., inhalation, ingestion, and absorption) and their effects on individual health.	I	D	D	R

Students will understand community health intervention and maintenance systems.

1.	Students will identify community health service providers and their roles (i.e. paramedics, dentists, nurses, physicians, sanitarians, dietitians, home economists, etc.).	ID	D	R	-
2.	Students will identify community health agencies that provide services to individuals and families.	I	D	DR	R
3.	Students will examine ways that individuals,communities, and states cooperate to control environmental problems and maintain a healthy environment.	I	D	DR	R

4.	Students will identify local, state and federal regulations that serve to protect the public's health. (i.e. safe food handling, food production controls, household waste disposal controls, clean air, disposal of nuclear waste, etc.)	-	I	D	DR
5.	Students will describe local, state, federal, and international efforts to contain an environmental crisis and prevent a recurrence. (i.e. acid rain, oil spills, solid waste contamination, nuclear leaks, ozone depletion)	-	I	D	DR

MICHIGAN STATE BOARD OF EDUCATION

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